Case 21-13079-amc Doc 102 Filed 10/22/24 Entered 10/22/24 11:37:12 Document Page 1 of 3

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Fill in this in	formation to iden	tify your case:		
Debtor 1	Hazel Willian	TISON Middle Name	Last Name	
Debtor 2 (Spouse, if filing)		Middle Name	Last Name	
United States I	Bankruptcy Court for t	he: _Eastern District of P	Pennsylvania	
Case number (If known)	21-13079			Check if this is: An amended filing
				☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106I			MM / DD / YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employm	ent	•				
Fill in your employment information.		Debtor 1			Debtor 2 or non-fi	ling spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed Not employed	ed		Employed Not employed	
Include part-time, seasonal, or self-employed work.		Caregiver				
Occupation may include student or homemaker, if it applies.	Occupation		enior	Services, Inc.		
	Employer's name					
	Employer's address		orcar	e Senior Service		
		Number Street 111 N. Olive	e Str	eet	Number Street	
		Media, PA				
	How long employed ther	City	State	e ZIP Code	City	State ZIP Code
	now long employed their	e: S years				
Part 2: Give Details About	t Monthly Income					
Estimate monthly income as of		. If you have nothi	ing to	report for any line, wr	ite \$0 in the space. Incl	ude your non-filing
spouse unless you are separated If you or your non-filing spouse ha below. If you need more space, a	ave more than one employer		ormatio	on for all employers fo	or that person on the line	es
				For Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, saldeductions). If not paid monthly,			2.	\$ 1,338.20	\$	•
3. Estimate and list monthly over	rtime pay.		3.	+ \$0.00	+ \$	
4. Calculate gross income. Add li	ine 2 + line 3.		4.	\$1,338.20	\$	

Debtor 1

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Doc 102

Filed 10/22/24

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24 Entered 10/22/24-11:37:12 Page 2 of 30000 AMENDED Desc Maii

For Debtor 1 For Debtor 2 or non-filing spouse 1,338.20 Copy line 4 here 5. List all payroll deductions: 122.20 5a. Tax, Medicare, and Social Security deductions 5a. 0.00 5b. Mandatory contributions for retirement plans 5b. 0.00 5c. Voluntary contributions for retirement plans 5c. 0.00 5d. Required repayments of retirement fund loans 5d 0.00 5e. Insurance 5e. 0.00 5f. Domestic support obligations 5f. 0.00 5g. Union dues 5g. 82.96 5h. Other deductions. Specify: 5h. 4.33 PA Local LST 13.39 PA Local EIT PA SUI-EE 0.80 223.69 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. 1,114.51 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 monthly net income 8a 0.00 8b. Interest and dividends 8b. 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive 0.00 Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 8d. Unemployment compensation 8d. 1,447.00 8e. Social Security 8e 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 Specify: 8f. 423.02 8g. Pension or retirement income 8g. 0.00 8h. Other monthly income. Specify: 8h. 1,870.02 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 10. Calculate monthly income. Add line 7 + line 9. 2,984.53 2,984.53 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Granddaughter 1,100.00 11. + 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 4,084.53 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income Do you expect an increase or decrease within the year after you file this form? No. ☐ Yes. Explain:

Case 21-13079-amc Doc 102 Filed 10/22/24 Entered 10/22/24 11:37:12 Document Page 3 of 3

Debtor 1

Hazel Williamson
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing)
United States Bankruptcy Court for the Eastern District of Pennsylvania

Case number (If known)

Middle Name Last Name

Last Name

21-13079

Desc Main

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

an attorney to help you fill out bankruptcy forms?
. Attach Bankruptcy Petition Preparer's Notice, Declaration, and
Signature (Official Form 119).
d the summary and schedules filed with this declaration and
the summary and schedules filed with this declaration and